NAIC LOSS COST DATA ENTRY DOCUMENT

| 1. | Thi | is filing transmit | ttal is part of Cor | mpany Tracking # | # | None | | | | | | |
|----|---|--------------------|---------------------|-------------------|-------------------|---------------------------------|---------------------|-------------------------|-----------------------|--------------|--|--|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number | | | | | | N/A | | | | | |
| | Company Name | | | | | | Company NAIC Number | | | | | |
| 3. | A. | West American | | | B. 148-44393 | | | | | | | |
| | | Product Codir | ng Matrix Line of | Business (i.e., T | ype of Insurance) | Produ | uct Coding Ma | atrix Line of Insurance | ce (i.e., Sub-type of | f Insurance) | | |
| 4. | A. | Personal | | | | B. Private Passenger Automobile | | | | | | |
| 5. | | | | | | | | | | | | |
| | | (A) | | | | FOR LOSS COSTS ONLY | | | | | | |
| | | | (B) | (C) | (D) | | (E) | (F) | (G) | (H) | | |

| (A) | | | FOR LOSS COSTS ONLY | | | | | |
|----------------------|--------------|--------------|---------------------|--------------|------------|-----------------|-------------|--|
| | (B) | (C) | (D) | (E) | (F) | (G) | (H) | |
| COVERAGE | Indicated | Requested | | Loss Cost | Selected | Expense | Co. Current | |
| (See Instructions) | % Rate | % Rate | Expected | Modification | Loss Cost | Constant | Loss Cost | |
| | Level Change | Level Change | Loss Ratio | Factor | Multiplier | (If Applicable) | Multiplier | |
| Bodily Injury | - 2.0% | - 1.1% | | | | | | |
| Property Damage | - 4.1% | - 3.1% | | | | | | |
| Medical Payments | - 3.3% | - 4.0% | | | | | | |
| Uninsured Motorist | - 8.0% | - 2.7% | | | | | | |
| Comprehensive | - 9.9% | - 8.1% | | | | | | |
| Collision | - 5.8% | - 6.8% | | | | | | |
| TOTAL OVERALL EFFECT | - 5.3% | - 4.3% | | | | | | |

| 6. | 5 Year History | Rate | e Change His | tory | | | |
|-------|----------------|----------------|-------------------|----------------------------------|-----------------------------|---------------------|---------------------------|
| Year | Policy Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio |
| 12/00 | 2,060 | + 11.4% | 7/1/02 | 2,667 | 2,462 | 92.3% | 69.1% |
| 12/01 | 1,439 | + 5.7% | 2/15/03 | 2,363 | 1,693 | 71.7% | 63.7% |
| 12/02 | 985 | + 0.4% | 9/29/03 | 1,485 | 1,004 | 67.6% | 64.9% |
| 12/03 | 954 | + 3.5% | 6/1/04 | 1,382 | 623 | 45.1% | 72.8% |
| 12/04 | 837 | + 1.2% | 1/15/05 | 1,349 | 709 | 52.5% | 65.4% |
| 12/05 | 792 | + 0.4% | 9/1/05 | 1,250 | 640 | 51.2% | |
| | I | | 1 | | 1 | | |

| 7. | |
|-----------------------------|------------------------|
| Expense Constants | Selected Provisions |
| A. Total Production Expense | N/A |
| B. General Expense | N/A |
| C. Taxes, License & Fees | N/A |
| D. Underwriting Profit | N/A |
| & Contingencies | N/A |
| E. Other (explain) | N/A |
| F. TOTAL | N/A |

- 8.
- N Apply Lost Cost Factors to Future filings? (Y or N)
 + 0.4% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 06
 7.3% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 11
- 10.